

Montana Traffic Education Association

Outstanding Traffic Educator of the Year Award NOMINATION FORM – Must be postmarked by February 15

Please answer all questions and type or print legibly.

Name of Candidate	Date
Candidate's Phone (home/wk)	Phone (cell)
Candidate's Mailing Address	
Candidate's City	State Zip
Candidate's Email Address	
School District	School City/Town
Current title or position at school	Years in Driver Education
Primary area of responsibility in driver educate	tion
Number of years a member of MTEA	Currently an active member of MTEA? Y / N
Number of MTEA conferences attended	Number of times a Presenter at MTEA conferences
Topics covered	
Number of times assisting with MTEA conference	ences (registration, prizes, planning, etc.)
Has candidate served on theMTEA Ex	recutive Board and/or as aClassification Representative?
If so, dates served	
Articles submitted for MTEA News? Y / N	Topics covered
Member of American Driver & Traffic Safety B	Education Association (ADTSEA)? Y / N
1. List any special techniques or materials ca	andidate developed for use in Traffic Education for local and/or state use.
2. List any special Traffic Safety service to the	ne candidate's local community outside of teaching driver education.
3. How does the candidate promote Traffic S	Safety in the local community, school and state?

TRAFFIC EDUCATION TEACHER OF THE YEAR NOMINATION – CANDIDATE QUESTIONS

The nominated candidate is required to answer the following questions. Please include this page with the

nomination form and send to the address below.

Candidate's Name: ____ 1. How do you see yourself promoting traffic education in your community and state? What do you consider the most powerful aspect of your local program in regard to parents and students? If you are nominating yourself, you can leave the following section blank, but please check here: ______ If you are nominating the candidate for recognition as Outstanding Traffic Education Teacher of the Year, please provide us with your contact information: Name of Nominator Phone Address or School District _____ City _____ State ____ Zip Email address:

PLEASE NOTE: THE TEACHER OF THE YEAR AWARD RECIPIENT IS EXPECTED TO PARTICIPATE AND PRESENT A BEST PRACTICES OR TOPIC OF CHOICE AT THE FOLLOWING YEAR'S MTEA STATE CONFERENCE.

This nomination must be postmarked by February 15TH

Fax to (406) 268-7336 or e-mail to: mick davis@gfps.k12.mt.us or mail to:

Mick Davis, Chair
MTEA TOY Nomination Committee
1413 3rd W. Hill Dr.
Great Falls, MT 59404

